### DEPARTMENT OF HEALTH AND HUMAN SERVICES

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CENTERS FOR MEDICA	RE & MEDICAID SERVICES		OMB NO. 0938-0391
STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01	(X3) DATE SURVEY COMPLETED
	155750	B. WING	02/16/2011
NAME OF PROVIDER OR SUPPLI	ER	STREET ADDRESS, CITY, STATE,	ZIP CODE

MORGANTOWN HEALTH CARE-INN

140 W WASHINGTON ST MORGANTOWN, IN 46160

(X4) ID PREFIX TAG

SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)

ID **PREFIX** TAG

K 000

PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)

(X5) COMPLETION DATE

K 000 INITIAL COMMENTS

A Life Safety Code Recertification and State Licensure Survey was conducted by the Indiana State Department of Health in accordance with 42 CFR 483.70(a).

Survey Date: 02/16/11

Facility Number: 000399 Provider Number: 155750 AIM Number: 100289100

Surveyor: Mark Caraher, Life Safety Code

Specialist

At this Life Safety Code survey, Morgantown Health Care-Inn was found not in compliance with Requirements for Participation in Medicare/Medicaid, 42 CFR Subpart 483.70(a), Life Safety from Fire and the 2000 Edition of the National Fire Protection Association (NFPA) 101, Life Safety Code (LSC), Chapter 19, Existing Health Care Occupancies and 410 IAC 16.2.

This one story facility with a basement was determined to be of Type V (111) construction and fully sprinklered. The facility has a fire alarm system with smoke detection in the corridors and areas open to the corridor. The facility has a capacity of 39 and had a census of 37 at the time of this visit.

Quality Review by Robert Booher, REHS, Life Safety Code Specialist-Medical Surveyor on 02/18/11.

The facility was found not in compliance with the aforementioned regulatory requirements as evidenced by the following:

# RECEIVED

MAR - 3 2011

ONG TERM CARE DIVISION INDIANA STATE DEPARTMENT OF HEALTH

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

(X6) DATE

Any deficiency statement ending with an asterisk (\*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation

Event ID: 5MG121

ns Obsolete

Facility ID: 000399

If continuation sheet Page 1 of 6

#### PRINTED: 02/21/2011 DEPARTMENT OF HEALTH AND HUMAN SERVICES FORM APPROVED CENTERS FOR MEDICARE & MEDICAID SERVICES OMB NO. 0938-0391 STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION **IDENTIFICATION NUMBER:** COMPLETED A. BUILDING 01 B. WING 155750 02/16/2011 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 140 W WASHINGTON ST MORGANTOWN HEALTH CARE-INN MORGANTOWN, IN 46160 SUMMARY STATEMENT OF DEFICIENCIES (X4) ID PROVIDER'S PLAN OF CORRECTION ΙĐ (X5) COMPLETION (EACH DEFICIENCY MUST BE PRECEDED BY FULL **PREFIX** (EACH CORRECTIVE ACTION SHOULD BE **PREFIX** REGULATORY OR LSC IDENTIFYING INFORMATION) TAG CROSS-REFERENCED TO THE APPROPRIATE DATE TAG DEFICIENCY) K 018 NFPA 101 LIFE SAFETY CODE STANDARD K 018 SS≃E K 018 Doors protecting corridor openings in other than required enclosures of vertical openings, exits, or ESD ordered new door closure. hazardous areas are substantial doors, such as those constructed of 1% inch solid-bonded core 2. Any resident has the potential to wood, or capable of resisting fire for at least 20 minutes. Doors in sprinklered buildings are only be affected. required to resist the passage of smoke. There is no impediment to the closing of the doors. Doors 3. Maintenance has installed door are provided with a means suitable for keeping closure on kitchen door. This the door closed. Dutch doors meeting 19.3.6.3.6 are permitted. items is now on the monthly 19.3.6.3 preventative maintenance

Roller latches are prohibited by CMS regulations in all health care facilities.

 ESD and Maintenance and HFA will monitor daily. ESD will report to QA committee quarterly for the remainder of 2011.

checklist.

This STANDARD is not met as evidenced by: Based on observation and interview, the facility failed to ensure 1 of 1 kitchen doors opening into the corridor would close and latch into the door frame. This deficient practice could affect any resident, staff and visitors in 1 of 1 smoke compartments where the kitchen is located.

Findings include:

Based on observation with the Environmental Services Supervisor and the Maintenance Director during the tour of the facility from 11:25 a.m. to 12:55 p.m. on 02/16/11, the kitchen door which opens into the corridor is not equipped with

5. Date Completed: March 18,2011

PRINTED: 02/21/2011 DEPARTMENT OF HEALTH AND HUMAN SERVICES FORM APPROVED CENTERS FOR MEDICARE & MEDICAID SERVICES OMB NO. 0938-0391 STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER: COMPLETED A. BUILDING 01 B. WING 155750 02/16/2011 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 140 W WASHINGTON ST MORGANTOWN HEALTH CARE-INN MORGANTOWN, IN 46160 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X4) ID ID (X5) COMPLETION (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX **PREFIX** (EACH CORRECTIVE ACTION SHOULD BE REGULATORY OR LSC IDENTIFYING INFORMATION) DATE TAG TAG CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY) K 018 Continued From page 2 K 018 a latching mechanism, and would not latch into K 025 - Maintenance personnel the door frame. Based on interview at the time of repaired the smoke barrier in the attic observation, the Environmental Services on 2/25/11. Supervisor acknowledged the kitchen door opening into the corridor is not equipped with a Any resident has the potential to be latching mechanism and would not latch into the door frame. affected 3.1-19(b) Repair was made by replacing bricks K 025 NFPA 101 LIFE SAFETY CODE STANDARD K 025 and the surrounding area was sealed SS=E with a fire proof sealant. Smoke Smoke barriers are constructed to provide at barrier is now protected to maintain least a one half hour fire resistance rating in accordance with 8.3. Smoke barriers may the smoke resistance of each smoke terminate at an atrium wall. Windows are barrier in the attic. protected by fire-rated glazing or by wired glass panels and steel frames. A minimum of two This area has been added to the separate compartments are provided on each monthly preventative maintenance floor. Dampers are not required in duct penetrations of smoke barriers in fully ducted checklist. heating, ventilating, and air conditioning systems. 19.3.7.3, 19.3.7.5, 19.1.6.3, 19.1.6.4 ESD and Maintenance personnel will monitor monthly. ESD will report to QA committee quarterly for the remainder of 2011 and follow the This STANDARD is not met as evidenced by: QA recommendations. Based on observation and interview, the facility failed to ensure openings through 1 of 2 smoke Date Completed: 3/18/11 barriers were protected to maintain the smoke resistance of each smoke barrier. LSC Section 8.3.6.1 requires the passage of building service materials such as pipe, cable or wire to be protected so that the space between the

penetrating item and the smoke barrier shall be filled with a material capable of maintaining the smoke resistance of the smoke barrier or be protected by an approved device designed for the specific purpose. This deficient practice could

### DEPARTMENT OF HEALTH AND HUMAN SERVICES

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CENTER	RS FOR MEDICARE	& MEDICAID SERVICES				OMB NO.	0930-0391	
STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		F DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA		(X2) MULTIPLE CONSTRUCTION A. BUILDING 01			(X3) DATE SURVEY COMPLETED	
		155750	B. WING			02/16/2011		
	ROVIDER OR SUPPLIER	RE-INN		140 V	ADDRESS, CITY, STATE, ZIP CODE WWASHINGTON ST GANTOWN, IN 46160			
(X4) ID PREFIX TAG	(EACH DEFICIENC)	TEMENT OF DEFICIENCIES  Y MUST BE PRECEDED BY FULL  SC IDENTIFYING INFORMATION)	ID PREFI TAG	x	PROVIDER'S PLAN OF CORRECT (EACH CORRECTIVE ACTION SHOT CROSS-REFERENCED TO THE APPROPRIED TO THE APPROPRIED FICIENCY)	OULD BE	(X5) COMPLETION DATE	
K 025	Continued From pa	age 3	ΚC	25				
	visitors using the s	ly 20 of 37 residents, staff and buth corridor if smoke from a e the protective barriers.						
	Findings include:							
	Director during the a.m. to 12:55 p.m. wall in the attic abordor set had a six section of concrete one inch diameter passed through the firestopped. Base observation, the Macknowledge a set smoke barrier wall	ion with the Maintenance tour of the facility from 11:25 on 02/16/11, the smoke barrier ove the south smoke barrier inch long by six inch wide block missing through which a sprinkler pipe and ten cables e opening which was not don interview at the time of aintenance Director ction of the concrete block was missing which is the ling in the smoke barrier wall.						
K 051	3.1-19(b) NFPA 101 LIFE SA	AFETY CODE STANDARD	K	D51				
SS=F	devices or equipm NFPA 72, National effective warning of Activation of the commanual fire alarm extinguishing systematical patient sleeping and that manual pull structures stations. If path of egress, Elets are available power is provided, maintained in according to the state of the state o	n with approved components, ent is installed according to I Fire Alarm Code, to provide of fire in any part of the building. I sufficiently appropriate the provided of the pr						

There is remote annunciation of the fire alarm

## DEPARTMENT OF HEALTH AND HUMAN SERVICES CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 02/21/2011 FORM APPROVED OMB NO. 0938-0391

CENTE	RS FOR MEDICARE	& MEDICAID SERVICES				OMB NO. 0938-0391		
STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION  A. BUILDING 01			(X3) DATE SURVEY COMPLETED		
		155750	B. W	NG	····	02/16/2011		
	PROVIDER OR SUPPLIER	RE-INN		140	T ADDRESS, CITY, STATE, ZIP CODE W WASHINGTON ST RGANTOWN, IN 46160			
(X4) ID PREFIX TAG	(EACH DEFICIENC)	TEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREF TAC	IX	PROVIDER'S PLAN OF CORREC (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APP DEFICIENCY)	OULD BE COMPLETION		
K 051	Continued From pa system to an appro 9.6	ige 4 ved central station. 19.3.4,	К	051	K 051 Facility immedia implement manual fire v On 2/17/11 Superior Systechnician replaced the r in the fire panel.  Any resident had the pot affected.	vatch policy. stems elay device		
This STANDARD is not met as evidenced by: Based on record review, observation and interview; the facility failed to ensure 1 of 1 fire alarm system's fire alarm signals was transmitted to a central monitoring station. This deficient practice affects all residents, staff and visitors in the facility.  Findings include:  Based on review of Superior Systems "Periodic Fire Alarm Inspection and Testing Report" documentation with the Environmental Services Supervisor from 9:40 a.m. to 11:25 a.m. on 02/16/11, the fire alarm system is continuously monitored by Superior Systems and had semiannual testing and maintenance most recently performed on 01/08/11. Based on observation with the Environmental Services Supervisor and the Maintenance Director during the tour of the facility from 11:25 a.m. to 12:55 p.m. on 02/16/11, the fire alarm system was			This relay device will be test monthly with each fire drill a noted on the fire drill form the equipment is in proper work order.  ESD and Maintenance perso monitor with each drill montreport results to the QA computerly for the remainder of ESD will follow QA recommendations thereafter.  Date Complete: 2/1711			rill and m that vorking ersonnel will nonthly and committee ler of 2011.		
	activated at 12:15	o.m. and 12:30 p.m. with  rd throughout the building.						

Based on interview at the time of observation, the

Environmental Services Supervisor stated Superior Systems did not receive either alarm transmission signal each time the fire alarm

		HAND HUMAN SERVICES  & MEDICAID SERVICES				FORM	D: 02/21/2011 M APPROVED D: 0938-0391
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		155750	B. WING	·		02/	16/2011
NAME OF PROVIDER OR SUPPLIER  MORGANTOWN HEALTH CARE-INN				140 W	ADDRESS, CITY, STATE, ZIP CODE V WASHINGTON ST GANTOWN, IN 46160		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG		PROVIDER'S PLAN OF CORRECTIVE ACTION SHO (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APPR DEFICIENCY)	ULD BE	(X5) COMPLETION DATE
K 051	Continued From pa	_	K 0	51			:
	acknowledged the should have been in The Environmental immediately contact	red during the tour and fire alarm transmission signal received by Superior Systems. I Services Supervisor cted Superior Systems for a air and stated they may the in the interim.					